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9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis		The principal cause of death and related causes of importance were as follows:	
	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE	OF	MARYL	AND-	-CERTIF	FICAT	TE (OF	DEATH	(
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 04089
1. PLACE OF DEATH	(131)
County Vallet	Registration Dist. No. 29/
Village or City Claiborne	No. St., Ward
Length of residence In city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number) 5 ds. How long in U.S. if of foreign birth?
2. FULL NAME Elizabeth a. Blades	
(a) Residence: No. It michaeld med	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) 28 (Year)
HUSBAND of (or) WIFE of Charles V. Blades	22 I HEREBY CERTIFY That I attended deceased from 1934 to Win 28 1934
6. DATE OF BIRTH (month, day, and year) May 20 1852	Mast saw h_ er alive on Ofu 28, 1934, death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4-P, -m.
81 11 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Ola note to
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	mome ogmus
10. Oate deceased last worked at this occupation (month and 1924 11. Total time (years) spent in this occupation 50.	
12. BIRTHPLACE (city or town) St. michaels	Other Contributory Causes of importance:
(State or country) husyland	Denuly
13. NAME Cancel to tox	<u></u>
14. BIRTIIPLACE (city or town) Mayland, (State or country)	Name of operation Oate of What test confirmed diagnosis? Clureal Was there an autopsy? No
15. MAIDEN NAME Deboral Fairfant	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) May land (State or country)	Accident, suicide, or homicide?
17. INFORMANT Ma May Haddaway (Address)	Where did Injury occur?
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place St. Michaela Oate May 1 , 1934	Nature of injury
19. UNDERTAKER / Cleram + Otarrion (Address) St. michaela md.	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED April 30, 1934 John Huwales Registrar.	(Signed) Afford M.D. (Address) DY Michaels me

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	1		
1 30.7/			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
70			

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(106-10)
County Aller	Registration Dist. No. 73
Village or City Was Yrappa	No. St, Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where teath ordered 1 yrs	ds. How long In U.S. N of foreign birth?yrsmosds.
2. FULL NAME Sarah & Corterar	·
(a) Residence: No	St., Ward.
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Sem thite OR DIVORCED (write the word)	(Month) (Oay) (Yaar)
5a. If marriad, widowed, or divorced HUSBANO of (or) WIFE of August Cortraur	22. HEREBY CERTIFY. That I attended dacaased from
24. 1.0.1847	I be saw h of alive on Charles 1934 death is said
6. DATE OF BIRTH (month, day, and year) Wash D T	to have occurred on the data stated above, at
89 1 0 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, plotassion, or particular	wara as follows:
kind of work done, as SPINNER, ATMOSPHER, BOOKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date deceased last worked at this perguation (month and this persuation (month and this perguation (month and this p	Duxonia Princhilos - 1898
9. Industry or businass in which work was dona as SILK MILL	
work was dona, as SILK MILL, SAW MILL, BANK, atc	
this occupation (month and Jef 1934 spant in this year)	
2. Olator	Other Contributory Causes of importance:
12, BIRTHPLACE (city or town) OWW (State or country)	auto Enloyeled Um 2 1134
13. NAME Hannel Lownsend	
13. NAME Vanuel Journauch 14. BIRTHPLACE (city or town) Gelbae 60	Name of operation Oate of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Clina Column	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accidant, suicide, or homicide? Date of injury, 19
X (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Samuel & nee (Address)	Specify whether injory occurrad in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place I trudy Hell was traffe Um 12: 1934	Nature of injury.
19. UNDERTAKER Maurice & rewnam of the	24. Was diseasa or injury in any way ralated to occupation of deceased?
(Addrass) Eiston Mit	If so, specify
20. FILEO am. 11-1934 Jordans	(Signed) M. D
Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

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Chronic interstitial nephritis	7921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

ARGIN RESERVED

V. S. No. 1

state

STATE OF MARYLAND—	CERTIFICATE OF DEATH 04091
1. PLACE OF DEATH White house form	Registration Dist. No. 290
Village or City Near Easton	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrs mos ds.
2. FULL NAME Thomas H Counque	el
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Male Male Manual	21. DATE OF DEATH (Month) (Day) (Yeer)
5e. If married, widowed, or divorced HUSBANO of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Excelia Il loouncell	October ,1933, 10 april 14, 1934
6. DATE OF BIRTH (month, day, end year) May 9 1878	I last saw h alive on
7. AGE 3-3- Yeers (/ Months 4) Days If LESS then 1 day,	to have occurred on the date steted above, et \$30.4.m. The PRINCIPAL CAUSE OF DEATH and related causes of importence were es follows:
8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Farmes	Pulmonary Tuberculosis
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decessed lest worked et this occupation (month and	(Februid type) 10 yx
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date decessed lest worked et this occupation (month and yeer) 1932 Alone 10 11. Total time (years) spant in this occupation. 25	
12. BIRTHPLACE (city or town)	Other Caatributory Causes of importance:
(State or country) Salbol Let	
13. NAME Thomas Counced	
14. BIRTHPLACE (city or town) Talket los	Neme of operation Oate of
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME Martha Les	23. If deeth wes due to externet ceuses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT No Place Loton	Where did injury occur?(Specify city or town, county and State). Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Dete 4/16 19 3	Menner of injury
19. WNOERTAKE CALLES A Die en a	Neture of injury 24. Was disease or injury in eny wey releted to occupation of deceesed?
20. FILEO. 4/14. 1934 7 H. Merius	(Signed) — M. D. (Address) — Ton M. D.
Registrar. If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
MAY 7 1034	1		
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
		D	

BINDING

FOR

TARGIN RESERVED

STATE OF MARYLAND—	CERTIFICATE OF DEATH 64092
1. PLACE OF DEATH	
County Juliat	Registration Dist, No. 296
Villago or City Can town.	No. OMer gaucy Araputal St., Ward death occurred in a horpfal or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrs mos. 2. FULL NAME In manual Chaplain	ds. How long in U.S. If of foreign bith?yrsmosds.
Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Fa. If married, widowed, or divorced HUSBAND of	21. DATE OF DEATH (Day) (193 4 (Year)) 22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	, 19, to, 19,
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Deys If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at
8 Trade profession or particular	Valoutment
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et bis occupation (month end spent in this	Slelf Borne
10. Date deceased last worked et this occupation (month end yeer)	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country)	Orissure of Labor.
13. NAME / atthew Tilghman Chaplain	
14. BIRTHPLACE (city or town) Caslow Mausland	Name of operation
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	What test confirmed diagnosis? What test confirmed diagnosis? We was there an au'opsy? We was there an au'opsy? We was the confirmed diagnosis? We was the confirmed diagnosis?
T	Accident, suicide, or homicide?
(State or country) 16. BIRTHPLACE (city or town) (State or country) Manufactor	Where did injury occur?
17. INFORMANT Mrs. M. J. Chaplain (Address) Easton Mauland	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18 BURIAL CREMATION OR REMOVAL	Manner of injury
Place Egyton Date 4/17 1934	Nature of injury
19. UNOERTAKER James Q. Spence (Address) Secretary Cond	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 4/16 , 1934 M. Merces Registrar.	(Signed) 2009, Glassian M. O. (Address) Earlass Sus
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage RUPPATEV S	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

4.5		STATE OF MARYL	AND-	CERTIFICATE OF DEATH	00
infor-	UP	1. PLACE OF DEATH		10%	031
M) 4 7	500	County Jallo		Registration Dist. No.	21
tem of	_	Village or City Cordwa Ind		NoSt.,	Ward
4 994	·	Length of residence in city or town where death occurred 2/ vi		death occurred in a horpital or institution, give its NAME instead of street and numbe	r) ds.
Every	nent	2. FULL NAME Lester Harry	10.1	louis .	
B 1	statement	0 7	md.	St. Ward.	
RD.	sts	(a) Residence: No. dewistown (Usual place of abo	de)	If nonresident give city or town and State	
	act	PERSONAL AND STATISTICAL PARTICUL	ARS	MEDICAL CERTIFICATE OF DEATH	
YT RE	Ex.	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, OR DIVORCED (with	ite the word)	21. DATE OF DEATH (Month) (Oay) 193	Yoar)
NG	fled	5a. If married, widowed, or divorced HUSBANO of		22. I HEREBY CERTIFY, That I attended decea	sed from
IQ AAA	assific	(or) WIFE of		april 1/ 1934, to april 15 ,1	1935
BINDI	e cla	6. DATE OF BIRTH (month, day, and year) Garil 14, 19	13.	Hast saw him alive on Opril 15 , 193 %; dea	th is said
E PI	stated E properly certificate	7. AGE Years Months Days	If LESS then	to have occurred on the date stated above, et 2.20 m.	
OF S A	prop ertifi		ay,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows;	e of onset
R S	- 0	8. Trade, profession, or particular kind of work done, as SPINNER.		Bilaleral fobar Inlumonia	oril
E E	be v	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		12	39:
RV	may back	work wes done, es SILK MILL, SAW MILL, BANK, etc.			
RESER G INK-	sh it	kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month end spantin t	rears)		
RE G I	7) -	year) occupation	1	Other Contributory Causes of importance:	
Z.	plied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town) Verna town		Ocute bronchiles & M	ance
RGIN	ed.	(State or country) manyland de	los	shirilis	235
AR.		I 13. NAME James Jonanne.			
7	y sul ain t See	14. BIRTHPLACE (city or town)		Name of operation	· M
É:	of d	E 15. MAIDEN NAME Blazer Chiante	14/1	What test confirmed diagnosis? Was there an au'ops	y (- f f 2
A .	in p tant.	x		Accident, suicide, or homicide? Date of injury,	19
T Z	TH	(State or country)	nd	Where did injury occur?	
LAIN	DE	17, INFORMANT many Elegabeth A (Address) Reverling, ma	bono	(Specify city or town, county and State) Specify whether Injury occurred In INOUSTRY, In HOME, or in PUBLIC PLACE.	
<u>a</u>	should OF D	18. BURIAL, CREMATION, OR REMOVAL		Manner of Injury	
-	一回 温	Place new Chapel . Date april-	17,1934	Nature of Injury	
WRITE	mation CAUSI TION	19, UNDERTAKER CIELLE & Stafford		24. Was disease or injury in any wey related to occupation of deceased?	
No. 1	HOH	(Address), water the		If so, specify	
wi m	T	20, FILED 4/6 1934. Q. L. Sardu	ev	(Signed) (Suram	M.
> %			Registrar.	(Address)/AULA Gold	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ogo
BURGAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

	state UPA	1. PLACE OF DEATH	CERTIFICATE OF BEATH	
1	a best person	7 11 4	(133)	
1)	ould occ	County Talkat	Registration Dist. No.	1.0
1	item of should of OCC	Village or City Gaslow	No.(Murguey Yorketal St., death occurred in a hapital or institution, gife its NAME instead of street and n	Ward
	0 \	Length of residence in city or town where death occurredyrsmos.	. 1/ .	
	Every MANS Sment	m m. o		
	te C B	2. FULL NAME for manie Grerell		
U	RD. Every YSICIANS statement	(a) Residence No. (Usual place of abode)	St., Ward. If nonresident give city or town and	State
		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	RECO PH Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIO OWED,	21. DATE OF DEATH	1
	Y.	Famale White: OR DIVORCED (write the word)	Upril 20	, 193 4
D	TT TEG.	5a. If married, widowed, or divorced	(Month) (Oay)	(Year)
BINDING	MANE A C T assified	(or) WITE of M.	1 HEREBY CERTIFY, That I attended	doceased from
Z	X A X A class	The games overell	april 19 ,1934, to april 20	, 19.3.4
BI	print .	6. DATE OF BIRTH (month, day, and year) March 18, 1889	I last saw h. etc. alive on Uptic 20 , 1934	_; death is said
8	ed ed fica	7. AGE Years Months Oays If LESS than 1 day,hrs.	to have occurred on the date stated above, at 1033 psm.	
FO	IS A PE stated E properly certificate	70 / 3 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Oate of onset
		8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	P D) // '_	
VED	HIS be be of	SAWYER, BOOKKEEPER, etc. / Turker cleyter	Inelo lugarele	6mo
2	should it may n back	9. Industry or business In which work was done, as SILK MILL,	2 aterul	
SER	Sho it n	Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this pecupation (month and a Company).		
1	(T) (T)	this occupation (month and 1933 spant in this occupation 30 year)	,	-
R	NG AC th ion	2. 20 LL C	Other Contributory Causes of Importance:	
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A	D # 45 W	13. NAME Value Weller 14. BIRTHPLACE (city or town) 2 . Co.	Name of operation 2 and Oata of	
1	O = .	(State or county)	What test confirmed diagnosis? Was there an a	au'onsy?
	Y, WIT	I 15. MAIOEN NAME Sarale Me Carre	23. If death was due to external causes (VIOL ENCE) fill in also the following	:
	INLY, W. be carefu EATH in important	15. MAIOEN NAME Sarale Me Carre 16. BIRTHPLACE (city or town) Rules October	Accident, suicide, or homicide? Oate of injury-	
	LX, car ATH port	Stata or country)	Where did injury occur?	
	ii be	17. INFORMANT Jaures & & Verett	(Specify city or town, county and State Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLA	e) ACE,
	PLA nould JF D	(Address) (Chestertone) nd.		
		18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
	S S S S S S S S S S S S S S S S S S S	Place Tubbert Duan Date Wal 23 1924	Nature of injury	
	WRITE mation s CAUSE TION IS	19. UNDERTAKER WW H le wad	24. Was disaase or injury In any way related to occupation of deceased?	200
To. 1	LEOH	(Address)	If so, specify	
200	m (T)	20, FILEO 4/2 1934 7 3/ Me 4044	(Signed) Zul aline	
~	7			

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V. S. No. 1

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ARGIN RESERVED FOR BINDING	BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
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CAUSE OF DEATH in plain terms, so that it may TION is very important. See instructions on back

Exact statement of OCCUPA.

properly classified.

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of certificate.

County. Registration Dist. No. 293 Village or City. Length of esidence in city or togin where death occurred. No. Out death occurred in a hospital or motitumes, give in NAME innead of steed and number) ds. How long in U. S. if of foreign birth? YEL. On How long in U. S. if of foreign birth? YEL. Mard. 1. How long in U. S. if of foreign birth? YEL. Mard. It moneraldent give city or some and State Ward. It moneraldent give city or some and State No. Output No. No. Output No. Ou	STATE OF MARYLAND-	-CERTIFICATE OF DEATH 04095
Village or City. Village or City. Length of residence in city or togh where death occurred. Viscourse of the Annual Control of the Control	000	a
Length of residence in city or togin where death occurred	County	Registration Dist. No. 293
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Clustiplace of shode PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH		St. Ward
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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage RECE	July 5,1927	Peritonitis	3 days ago
Max 3 3 1			
Other contributory causes of importance: S.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Α.	V. S. No. 1	A ME	RGIN	MARGIN RESERVED FOR BIN	VED	FOR	BIN
z	N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERM	Y, WITH U	NFADIN	IG INK-	THIS-	IS A	PERM
	mation should be carefully supplied. AGE should be stated EX	arefully sup	plied.	AGE sho	eld be	stated	EX
	CAUSE OF DEATH in plain terms, so that it may be properly cla	H in plain te	erms, so	that it n	nay be	proper	ly cla
1	TION is very important. See instructions on hack of certificate.	rtant. See i	instruction	ons on b	ack of	rertifics	te.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 04096
1. PLACE OF DEATH	92
County Talbol	Registration Dist. No. 29
Village or City 6 aslow	No. St. Ward
(If Length of residence In city or town where death occurred 4-0 yrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number)
2 FILL NAME DORMER (1) Fl I	9
(a) Residence: No.	Ch Ward
(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Office 17 193 44 (Year)
5a. If marriad, widowed, or divorced HUSBANO of	
(or) WIFE of Leona Floyd	1953 to White 17 19 34
6. DATE OF BIRTH (month, day, and year) Unlerrown 1872	I last saw him alive on Repuil 17 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated etole, et _ 2 . 4 . m.
102 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Causieur of fort. Outo of open
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	mist
Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	, v V
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked et Tills occupation (month and year) Output Tills occupation	
	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country) (State or country)	Acute Myseardetis 3/4/5/
I 13. NAME Edward Florid	
13. NAME Colored Floys 14. BIRTHPLACE (city or town) (State or country)	Name of operation Oate of
- Committee of the contract of	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Leon & Goldsborouge	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country) (Salb)	Where did Injury occur?
17. INFORMANT Obrey Floyd (Address) Earlon Ind	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Carlon Kno Date Upro-21, 1934	Nature of injury
19. UNDERTAKER Justes askince	24. Was disease or injury In any way related to occupation of deceased?
20. FILEO 4/20, 1934 MS. Registrar.	(Signed) - aufron J. 1261
If more blanks are needed, address State Registrar, 2	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.	al co		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND	-CERTIFICATE OF DEATH	04091
1. PLACE OF DEATH	93-20	2611
County Valled	Registration Dist. No.	74
Village or City William	No. St., If death occurred in a horpital or institution, give its NAME instead of street an	Ward
Length of residence in city or lown where deeth occurred 14 yrs	osds. How long in U.S. if of foreign birth?yrs	mosds.
2. FULL NAME Charles B. Hrey		
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town a	and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay)	, 193 (Xear)
5a. If married, widowed, or divorced HUSBANO of Emaline & Frey	22. I HEREBY CERTIFY. That I attended Leasel 26, 1934 to april 9	ed deceesed from
6. DATE OF BIRTH (month, day, and year) Nov 4th 1881	I last saw h in alive on apr /18 193	#; deeth is sald
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 10,30 P	
52 5 /3 1 day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Trada, profession, or particular kind of work done, as SPINNER, Oyater Packer	acute luy branchitis	
S. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc		about
kind of work done, as SPINNER, Cycles Facker SAWYER, BOOKKEEPER, etc Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at this occupation (month and year) Spent in this occupation Cocupation 39		Luss.
12. BERTHPLACE (city or town) Calcuton Ind	Other Contributary Causes of importance:	
(State or country) (State or country) (State or country)	acute poletalin	34 hr
13. NAME James J. Verey 14. BIRTHPLADE (city or town). Bulto	Name of operation. Date of	
(State or country)	What test confirmed diagnosis? Was there a	n autopsy?
15. MAIOEN NAME Laura V. Say	23. If death was dua to external causes (VIOLENCE) fill in also the follow	ring:
15. MAIOEN NAME Lawra V. Say 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of Injury Where did injury ocur?	
17. INFORMANT Emaline C. Trey (Addrass) (Wiften and Wild)	Specify whether injury occurred in PUDUSTRY, in HOME, or in RUBLIC	State) PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place St. michaele Date april 21, 1934	Manner of injury	
19. UNDERTAKER Newram + Namion (Addiess)	24. Was disease or Injury in eny way related to occupetion of deceased?	200
20, FILED Opr 20, 1034 Alto Viter S Porton	(Signed) Walteren	M. 9
Registrar.	" (Vaguess)	A Transcort

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
			٠,
100			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
w w			

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH (4098
1. PLACE OF DEATH	- (ul-a)
County Salgat.	Registration Dist. No. 290
Village or City Imomalle MA	NoSt.,Ward
Length of residence in city or town where death occurred	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?mrsms
2. FULL NAME William Edward &	Treen.
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Caf-	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If married, widowed, or divorcad HUSBANO of	22. / 1 HEREBY CERTIFY Phase I attended deceased from
(or) WIFE of	1 1 1 1 29 196 to 1 1 25 19 34
6. DATE OF BIRTH (month, day, and year) abul 23, 1934	Hast saw has alive on Bhall 125, 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at & a.m.
2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importanca
8. Trade, profession, or particular	ware as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
9, Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and spant in this	
year) occupation	Other Contributary Causes of Importanca:
12. BIRTHPLACE (city or town) Margland	
(State or country)	
13. NAME William How Harry	
14. BIRTHPLACE (city or town)	Name of operation Data of
(((((((((((((((((((What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Alla Touvina Green	23. If death was due to axtornal causes (VIOL ENCE) fill in also the following:
6 16. BIRTHPLACE (city or town). Masiflant	Accidant, suicide, or homicide?
(State or country)	Whare did injury occur?
17. INFORMANT Villam To Freu-	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Uniourill Date 4 26 , 1934	- Nature of Injury
19. UNDERTAKER W. M. H. Greber	24. Was disease or injury in any way related to occupation of deceased?
(Addrass)	If so, specify
20. FILED 125 , 19 3 4 N. Neerey Registrar.	(Signed) Lugary M. D. (Address) Cut four M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronie interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis .	3 days ago	
	· 6			
La				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

	10
	• 0

1.	PLACE OF DEATH			82:00		4	0409
	County Salbot	 . 		,	Registration C	Dist. No 24	V
	Village or City Bruce	vice (nearly	after N	0	n, give its NAME	St.,	wand number)
	Langth of residence in city or town where	death occurred 62 yrs					
2.	FULL NAME John	Henry					
	(a) Residence: No.	(Usual place of abode)	St	.,Ward.	If nonresident	give city or town	and State
\	PERSONAL AND STATIST		s	MEDICAL CE	RTIFICATE	OF DEATH	4
3. 5	4. COLOR OR RACE Black	5. SINGLE, MARRIED, WIDE OR DIYORCED (write the		DATE OF DEATH	Ont (Month)	(Day)	193 (Year)
5a. I	If married, widowed, or divorcad HUSBAND of		-	1 HEREBY			ded desented
	(or) WIFE of	-	22.	74 1107	9 4 to Q	ks 2	
	abou	1. 1. 12	Llas	daw h sin alive on a	pril	100	daath Is
6. D	OATE OF BIRTH (month, day, and year) AGE Yaars Months	Days If LES		ave occurred on the data stated	above, at //	0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	./00	1 day,	hrs. The	PRINCIPAL CAUSE OF DEATH			
	8. Trade, profassion, or particular	Or	min. Wera	Political Property	hemor	rhace)	Date of
ON	kind of work done, es SPINNER, SAWYER, BOOKKEEPER, atc.	Raboner			VAVEVOARES VALSE.		1
AT	2. Industry or businass In which work was done, as SILK MILL,						
CCUPATION	SAW MILL, BANK, etc.	Tratus,					
8	10. Date deceased last worked at this occupation (month and	11. Total tima (yeers) spent in this	1/0				
	yaar) 9	occupation	Oth	ar Contributory Causes of Import	ance:		
12.	BIRTHPLACE (city or town)	<i></i>					
ا بم	(State or country)	0 1					
HER	13. NAME Hames A	Gennell					
FATH	14. BIRTHPLACE (city or town)	7-7	Nam	ne of oparation		Date	of
-	(Stata or country)	0	Wha	t test confirmed diagnosis?		Was thera	an autopsy?
HER	15. MAIDEN NAME Sarah	Kose	23. If	daath was due to external cause	es (VIOLENCE) fil	I in elso the folio	owing:
MOT	16. BIRTHPLACE (city or town)		Acci	dent, suicida, or homicide?		Date of Injury	, 19
Σ	(Stata or country)	bot.	-	re did Injury occur?	(Specify city or	town, county and	State)
	INFORMANT Charles (Addrass) Trofel	Bennell	Space	cify whether injury occurred in l	INDUSTRY, In HO	ME, or in PUBLIC	C PLACE.
18.	BURIAL, CREMATION, OR REMOVAL	11.4		nnar of injury			
	Place I ropp	Date Wew 2		ure of injury			
19.	UNDERTAKER James (Addrass)	O skind		Vas disease or injury In any way	y ralated to occup	ation of deceasad	no
	FILED apr. 2300 1934	rehatoro		(Signed) / hlla	un V	Rugues	y

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Arteriosclerosis	MAY 7 1004	1915	Attack of epilepsy	1 week ago	
Chronic interstitial neg	ohritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones	causes of importance.	May 1,1923		1 year	

LION

19. UNOERTAKER (Address)

state

1. PLACE OF DEATH

11	A	1	0	6	1
U	4	Ī	()	4)

92:20	000
Registration Dist. No	293,
No.	Ward
death occurred in a hospital or institution, give its NAME instead of street	and number)
ds. How long in U.S. If of foreign birth? 52 yrs	mosds.
w	
St., Ward.	
If nonresident give city or tow	
MEDICAL CERTIFICATE OF DEAT	Н
21. DATE OF DEATH	//
(Month) (Oey)	(Year)
22. C HEREBY CERTIFY That atte	. 4 . 4 4
22. THEREBY CERTIFY, That I atte	ended deceased from
00/6/120	4
	death is said
to heve occurred on the dete stated above, at	
were es follows:	Oate of onset
Caragae Ity pertrophy	
mut Valoulan levery.	00
Compleid by teledroyle	2 Loubh
They h I Dlood I resure	Hor
	Jegras
Diher Coatributory Causes of importance:	- Secret
fur deach	man
Insufficiency or Cordin Than	du mes lold
	ms
Name of operation Date	e of
What test confirmed diegnosis? Was ther	re an autopsy?
23. If death was due to externel causes (VIOLENCE) fill in elso the fol	lowing:
Accident, suicide, or homicide? Dete of Injury	19
Where did injury occur?	
(Specify city or town, county an Specify whether injury occurred in INOUSTRY, in HOME, or in PUBL	IC PLACE.
Manner of Injury	
Neture of Injury	
24. Was disease or injury In any wey related to occupation of decease	dr Mo
If so, specify	
(Signed) LEST D STOW	M. D.
(Address) Cordora	-md

Registrar.

STATE OF MARYLAND—CERTIFICATE OF DEATH

If LESS than

1 day, ---- hrs. or min.

Statement of occupation .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAUVE			
Other contributory causes of importance:	19	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL CDACE FOR EIDTHED STATEMENTS BY DIVERSIAN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of dea of importance were as follows:	th and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis		1915	Attack of epilepsy	1 weck ogo	
Chronic interstitial nephritis	MAY 7 I	1921	Run over by street car	1 weck ago	
Cerebral hemorrhage		July 5, 1927	Peritonitis	3 doys ago	
	RUKEVILY				
	L 4				
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

V. S. No. 1 N. B. TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-0
County Talbol	Registration Dist. No. 297
	NoNo
Length of residence in city or town where death occurred 45 yrs	s. ds. How long in U.S. if of foreign birth?mas dsmas ds.
2. FULL NAME Solomon M. Mallhe	ws
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED ("write the word) Wandows	21. DATE OF DEATH April 18 14 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I atlended deceased from
(or) wire of Mallheurs	nov- 1925, 10 april 1934
6. DATE OF BIRTH (month, day, and yeer) Ofene 18 49	I last saw he we etive on April 118th, 1934; death is said
7. AGE 85 Years Months Days If LESS than	to have occurred on the date stated above, at
0 ormin.	were as follows:
Rade, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	arterio Schrosis, with 1925
9. Industry or business in which	Myocardetis
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete deceased lest worked at this occupation (month and	
10. Dete deceased lest worked at this occupetion (month and 1924	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country) Labot Loo	with Pulueman edera)
13. NAME Thomas Soralbhurs	
13. NAME Thomas Isrally 14. BIRTHPLACE (city or town)	Name of operation Dete of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town)	23. If deeth wes due to externel causes (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country) Jalbal 400	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Abyuan Matthewo (Address) Trappe and	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Coaston Date Gent 20, 19 34	Nature of injury
19. UNDERTAKER James a Spence	24. Was disease or Injury in eny way related to occupation of deceesed? 200
20. FILED Dim 19: 19:34 John 1 Coss Registrar.	(Signed) / Velleau A. Deymour M. D. (Address) Grafel Md
If more blanks are needed, address State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting V. S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis R C	1915	Attack of cpilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago	
7			1,500	
1 6 K AC V.		e displace	Merch.	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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should state OCCUPA-

PHYSICIANS Exact statement

stated EXACTLY.

AGE should

supplied.

mation should be carefully

B.—WRITE PLAINLY,

ż

properly classified.

certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may

important.

TION is very.

(Address)

(Address) 20. FILED April

19. UNDERTAKER

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Michae

Jo

STATE OF MARYLAND—	CERTIFICATE OF DEATH 04103
1. PLACE OF DEATH	he)
County Talbot	Registration Dist. No. 29/
Village or City Mt. Michaela	No. St., Ward
(1)	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How tong In U, S. if of foreign birth?yrsmosds.
2. FULL NAME Ernma Moore	
(a) Residence: No. Dt Treichaels lord	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Office (Pay) (Year)
54. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Richard Moore	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) May 169 1861	I last saw h A alive on Office 1 1934; death is said
6. DATE OF BIRTH (month, day, and year) May 62 /86/ 7. AGE Years Months Days If LESS than	
72 /0 2/ Iday,hrs.	to have occurred on the date stated above, at
9 Trade explanation or cationing	were as follows:
kind of work done, as SPINNER, a House work	garange menusar mil
9. Industry or business in which	1234
SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month, and year) spant in this occupation.	
year)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Knight Creek (State or country) Colloring Co. Ind	Valve heart despare
13. NAME Anthrow	
14. BIRTHPLACE (city or town) Uniterior	Name of operation, 22012 Date of
(State or country)	What test confirmed diagnosis? Places diagnosis au onsy?
15. MAIDEN NAME Unknown	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16 PIDTHD! ACE (aity or town)	
16. BIRTHPLACE (city or town) (State or country) Unfun	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Richard moore	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.

(Signed). Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

injury in any way related to occupation of deceased?

Manner of injury

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	Example II			
The principal cause of death and related causes of onset of importance were as follows:			Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
104 3	1			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		•		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

	Registration Dist. No. 290
(Îf	NoSt., Ward death occurred in a horpital or institution, give its NAME instead of street and number)ds. Haw long In U.S. if of foreign birth?wrsds.
1	Aurlehy.
	St., Ward. If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
	21. DATE OF DEATH (Markit) (Day) (Year)
	22. 1 HEREBY CERTIFY, That I attended decassed fram 1924, to Gfr. 22, 1924; death is said ta have occurred an that date stated above, at 195, Pm.
	The PRINCIPAL CAUSE OF DEATH and related causes af Impartanca wara as follows:
	Bulgorardilio aenti 4,13-
	6
	Dther Coutributory Causes of Importance:
- ~	Name of operation Data of
-	What tast canfirmed diagnasis? Was there an au'opsy?
-	23. If death was due to axternal causes (VIOLENCE) fill In alsa the following: Accident, suicide, or hamicide?
1.	Manner af Injury
	24. Was disease or injury in any way related to occupation of dacaased?
-	(Signed) Ja Sleveng M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Perilonitis	3 days ago
- 14		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

B

should state OCCUPA-

1. PLACE OF DEATH	95-6)
County Jollot	Registration Dist. No. 392
Village or City	No. (If death occurred in a horpital or institution, give its NAME instead of street and number) mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
1. la 11/2 D 22	ran
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give oily or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOW OR DIVORCED (raying the w	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gilbert h. herman 6. DATE OF BIRTH (month, day, and year)	22. I HEREBY CERTIFY, That I attended deceesed from Pel 2. ,1934, to 4-12 ,1934; I tast saw h. L. elive on 4-14 ,1934; dealh is sale
7. AGE 67 Years 3 Months Deys If LESS 1 day, or m	hrs. The PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	Cardis decomposition 4/10/3 Cardis hephrili Edema. 11/1/3
this occupation (month and the 34 spent in this occupation	Other Contributory Causes of importance: Balatral required hermic with Violen place in the large parabolisms series Sale of Schristing forted Carbolisms Name of operation Park Date of What test confirmed diagnosis? Classical Was there an europsy? In
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. MAIDEN NAME 18. MAIDEN NAME 19. MAIDEN NAME 19. MAIDEN NAME 10. MAIDEN NAME 11. MAIDEN NAME 12. MAIDEN NAME 13. MAIDEN NAME 14. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? Dete of Injury (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Off Denty Date april 16	Manner of Injury
19. UNDERTAKER M & Neurrama Bio (Address) and ma	24. Was disease or injury in eny way related to occupation of deceased? If so, specify (Signed)
1 20 SUED at 16 1034 Inchaston	(organization)

STATE OF MARYLAND-CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 14

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II		
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Chronic interstitial nephrilis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.		Other centributery causes of importance		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—CERTIFICATE OF DEATH 04106

Registration Dist. No. 290
No. Europe Ward Loop . St., Ward leath occurred in a horpital or institution, give its NAME feetead of street and number)
ds How long in U.S. If of foreign birth? yrsds.
agne Caroline
St., Ward. If nonresident give city or town and State
MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH
(Nonth) (Day) (Year)
22. I HEREBY CERTIFY, That I attended deceased from
Wes. 16 1934, to apr. 17, 1924
I last shw h tan alive on Liph 17 193 4; death is said
to have occurred on the date stated above, at 6 .10 Pe.m.
The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:
a for he outs
Bronelo- Jumonia 9/81934
2 1862
Dther Contributory Causes of importance:
Flood passoning
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?
23. If death was due to external ceuses (VIOLENCE) fill in also the following:
Accident, sulcide, or homicide? Date of injury, 19
Where did injury occur?
(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
Manage of Intern
Manner of injury
Nature of injury.
24. Was disease or injury in any wey related to occupation of beceased?
if so, specify
(Signed)

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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	Example II	
S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
. 1		
partition (Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

infor-	state	UPA.	
Jo ma	plnods	f occ	1
Every if	IANS	ment o	1
ORD. 1	HYSIC	state	
REC	Y. P.	Exact	
-WRITE PLAINLY, WI UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
IS A PE	stated E	properly	TION is very important. See instructions on back of certificate.
HIS	be	þe	jo
K-T	plnoy	may	back
Z	ES	at it	s on
ING	VG	o th	tion
FAD	lied.	ms, s	struc
NO	ddns	ter	e in
Ş	lly s	plain	Š
M	refu	in	tant.
I.Y.	e ca	ATH	por
ATA	Ide	DE	y in
EPI	Shou	OF	ver
TTE	on s	SE	N is
-WR	mati	CAL	TIO

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH County Salbac	Registration Dist. No. 392
	No. No. St., Ward feath occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME (a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If merriad, widowed, or divorced HUSBANO of (or) WIFE of War Purchase (or) WIFE of Wars Work of (or) WIFE of Wars Work of (or) WIFE of Work of (or) Work of (or	22. I HEREBY CERTIFY. That t attended dacaased from 19
13. NAME Trongs (Brunnel) 14. BIRTHPLACE (city or town)	
(Stata of country)	Name of operation Date of What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stale or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stale or country)	23. If daeth wes due to external causes (VIOL ENCE) fill in elso the following: Accident, suicida, or homicida?

Cral Registrar.

Manner of Injury Nature of Injury_

If so, spacify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Signed)

(Address)

V. S. No. 1

B

17. INFORMANT _

19. UNDERTAKER

20, FILED .. J.

(Address)

(Addrass)

18. BURIAL, CREMATION, OR REMOVAL

M 197 1934

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation,

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Perilonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

6/

STATE OF MARYLAND—	CERTIFICATE OF DEATH	08
1. PLACE OF DEATH	(130)	2
County Jallot.	Registration Dist. No.	7
Village or City mathew time	NoSt.,	Ward
	death occurred in a hospital or institution, give its NAME instead of street and numb ds. How long in U.S. if of foreign birth?	
2. FULL NAME Samuel C. powell		
(a) Residence: No. (Usus place of abode)	St, Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH 21. 2	
Male C OR DIVORCED (rawice the word)	Month) (Day) , 193	(Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY That I attended deceded the state of	esed from
6. DATE OF BIRTH (month, day, and yeer) Dec. 11, 1866	t last sew heirs alive on April 1 , 1934; de	ath is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et	
67 \$3 20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were extollows:	. 1000
Trade profession or particular	deute Paceuchymatous 3/	te ol onset
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month and		~~~~~
O 10. Date deceased lest worked at this occupation (month and year) 11. Total time (years) spant in this occupation		
12. BIRTHPLACE (city or town) Jullott Cy. (State or country) many	Other Contributory Capses of importance: Leucle Hypearchets	4/34
₩ 13. NAME		
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an au'op	neu?
15. MAIOEN NAME PROMISE CLERA	23. If death was due to external causes (VIDL ENCE) fill in also the following:	93:
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homicide? Date of Injury Whero did injury occur?	, 19
17. INFORMANT Julia provell	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18, BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place New Chapeal Date Coul 3, 1934	Nature of Injury	
19. UNDERTAKER Cast W Stafford	24. Wes disease or injury in any way related to occupation of deceased?	0'
(Address) Custom Hopd.	If so, specify (Signed) Harmand To 138 for	64 D
20. FILED / 2 , 1934 J. Jandus Registrar.	(Address) Lenson MA	WI. D.

VIf more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.--The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
I BUDEAL! V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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	Example II	-
Date of onset	of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street ear	1 week ago
July 5, 1927	Peritonitis	3 doys ago
	Other contributory causes of importance:	
May 1,1923	Gostroenteritis	1 year
	1915 1921 July5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street ear July 5, 1927 Peritonitis Other contributory causes of importance:

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Lallot	Registration Dist. No. 79 9
Village or City. Zakke	No. St, Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) (1dsHow long in U.S. it of foreign birth?
2. FULL NAME LAWYS Thomas	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH April 3 (Month) (Oay) 193 4 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
180000000 NO VOW	March 20, 1934, 6 Upril 5 1934
6. DATE OF BIRTH (month, day, and year) Nee 24 1866	i last saw hame alive on April 3 , 19.34; death is said
7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the date stated above, at 4. 4m.
6/ 3 / ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Trade, profession, or particular kind of work done, as SPINNER,	Carcinoma of Stomach 1/20/33
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	4
work was done, as SILK MILL, SAW MILL, BANK, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and years) spant in this occupation occupation	
4-00-4-C- MIO	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME MILLION 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME MARY MORES 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Jalbor Co	Accidant, suicide, or homicide?, Oate of injury, 19
(Stata or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Made Strongs (Address)	Specify whether Injury occurred In INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Placa Leus Jeagge Oate Mrs 1984	Nature of injury
19. UNOERTAKER Manie & Human Ro	24. Was disease ar injury in any way related to occupation of deceased?
	(Signed) Haybrard J. Profi- M. D.
20. FILEO. Why. 8 7, 19. 3 4 STELL Registrar.	(Address) J. Easton Inf
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I			Example II	
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal eause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	MAY 7 1634	July 5, 1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory e	auses of importance:	1	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-CERTIFICATE OF DEATH

04111

1. PLACE OF DEATH	(124-9)	
County Tallot	Registration Dist. No. 342	
Village or City Office	No. St., death occurred in a hospital or institution, give its NAME instead of street and nurr	Ward
1	death occurred the a hopital of mattanon, give its IVAIVE instead of street and unit	
2. FULL NAME Slevy & Tilehm	an	
(a) Residence: No.	St., Ward. If nonresident give city or town and Sta	-1-
(Usual place of Woode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	alc.
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
mele Block. OR DIVORCED (write the word)	(Mg/hth) (Day)	93 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of prany. E. Jalliman	22. HEREBY CERTIFY, That attended dec 3 - 5 193 4, to 4-17	ceased from
6. DATE OF BIRTH (month, day, and year) /87)	- I last saw h alive on	death is said
7. AGE 63 Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at. 4	
	10 -10 1:00 1 1-1	0 at e of ons et 4-1-6-34
9. Industry or business In which work was dona, as SILK MILL, SAW MILL, BANK, etc		
10. Oate deceased last worked at this occupation (month and provided in this occupation)	Other Coutributory Causes of Importance:	
12. BIRTHPLACE (city or town) Leulhat lean Mid. (State or country)	atophic Cischosis of livor	Doc. 16
I 13. NAME Um Leonard	ascile	240
13. NAME Wine Leonard 14. BIRTHPLACE (city or town) (State or country) Levelat. Coo. Med	Name of oparation Oate of What test confirmed diagnosis? Clane Was there an au'	opsy? ho
15. MAIDEN NAME Harriet Telghin	23. If death was due to axternal causes (VIOLENCE) fill in also the following:	
[16. BIRTHPLACE (city or town) - Jerley - Les	Accident, suicide, or homicide? Date of injury	, 19
17. INFORMANT Frank Lifeline	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE	
18. BURIAL, CREMATION, OR REMOVAL Place Bellower and Date Capel 19 1934	Manner of Injury	
19. UNDERTAKER M. E. Numet 3.a	Nature of injury 24. Was disease or injury In any way related to occupation of deceased?	<u>vo</u>
20. FILED Opr. 18 , 1934 Joseph and Registrar.	(Signed) Adulty August	₩. D.
If more blanks are needed, address State Registrar,	and the same	

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
A PREAD Y. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYS	SIC	14	11	1
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4.9.4 1	STATE OF MARYLAND—	CERTIFICATE OF DEATH
state UPA.	1. PLACE OF DEATH	UTII K
	County albot	Registration Dist. No. 290
should of OCC	Village or City Hear Jong wood	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
.=		ds How long in U.S. If of foreign birth?yrsmosds.
RD. Every YSICIANS statement	2. FULL NAME Mary a leading	
D. E. SICI	(a) Residence: No.	St., Ward.
	(Usual piace of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PECC PF xact	PERSONAL AND STATISTICAL PARTICULARS	21. DATE OF DEATH
T R	3. SEX 4. COLOR OR RACE OR DIVORCED, write the word	Charle 30 , 1934
TT E	5a, If married, widowed, or divorced	y (month) (bus)
MANEN A C T I assified.	(or) WIFE of Stor Cuarlis	22. HEREBY CERTIFY, That I attended decessed from
ZXT .	6. DATE OF BIRTH (month, day, and year) 5/39/40	I last saw hele alive on Ops 29, 1934; death is said
7 7	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 450 70 m.
IS A I stated properl	63 11 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importence were as follows:
be st be pr of cer	8. Trade, profession, or perticular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.	True monera, lobar, st 4-21-34
300	9 Industry or husiness in which	
ould may pack	work was done, as SILK MILL, SAW MILL, BANK, etc	
INE SH	O this occupetion (month end, / / spent in this	
IG I AGE that ons o	yeer) 4/2/34 occupation	Other Contributory Causes of importence:
So 1	12. BIRTHPLACE (city or town)	Untirela 4-18-39
NFADING oplied. AGI erms, so tha instructions	(State or country)	
	13. NAME/OU Samuel W Me Por The	
	4. BIRTHPLACE (city or town)	Neme of operation Date of What test confirmed diagnosis? Was there an au'opsy?
HAR		23. If death was due to external causes (VIOLENCE) fill in also the following:
	E //	Accident, suicide, or homicide?
NLY, be car ATH nport	16. BIRTUPLACE (city or town) State or country)	Where did injury occur?
PLAIN] ould be F DEA	17. INFORMANT & LU. Lunelis	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
PLA should OF D	(Address) Longwoods Ind	
40	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
WRITE nation s NAUSE	Place Strewbury land Date 3/ 1934	Nature of injury
-WRITE mation scause from is-	19. UNDERTAKER JANIO A. Sperre	24. Was disease or injury in any way related to occupation of deceased?Zcs
7	(Address) Easton Mad	If so, specify
- 1	n n n n n n n n n n n n n n n n n n n	(Signed)

If more blanks are needed, address State Registrat, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1 10 A	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage RURE ()	July 5, 1927	Peritonitis .	3 days ago
1 - 1			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH U4114
1. PLACE OF DEATH	(108)
County Jacks	Registration Dist. No. 490
Village or City Beaslow	No. St, Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	death occurred in a norpital or institution, give its tyrivite instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Plara M Wilson	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Cypril 24 (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY That I attended dacassed from
6. DATE OF BIRTH (month, day, and year) Man / 1911	1 logs saw here alive on April 24, 1934; daath is said
7. AGE Yaors Months Days If LESS than	to have occurred on the date stated above, at
22 // 2-3 1 day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, atc	Liber freundoned 4/15/34
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, atc 10. Data dacaasad last workad at this occupation (month and yaar) yaar) 11. Total time (yaars) spent in this occupation occupation.	
12. BIRTHPLACE (city or town) Zallot Co (Stata or country)	Other Contributory Causes of importance:
13. NAME 14. BIRTHPLACE (city or town) 14. State of country) 15. NAME 16. State of country)	Name of operation
	What test confirmed diegnosis? Wes there an autopsy?
16. BIRTHPLACE (city or town) Fallot Co	23. If death wes due to external causes (VIOLENCE) fill in elso the following: Accident, sulcide, or homicide?
2 (State or country) 17. INFORMANT Month Misory (Address)	Where did Injury occur?(Specify city or town, county and State) Specify whether Injory occurred in IMOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Mean Frage Date of PN 2. V., 1934	Manner of Injury
19. UNDERTAKER Marine to Museum Jore (Address)	24. Was disease er injury In any way releted to occupation of deceased?
20. FILED 4/25, 1934 M. M. Meere Registrar.	(Signed) Lashard (A207) M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state:

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